21st Century Application

https://egrants.opi.mt.gov/OPIGMSWeb/Logon.aspx



E-Grants System

OPI Home

Logon Page Instruction

Welcome to the Office of Public Instruction (OPI) E-Grants System

Please enter your user ID and Password



See the Instructions for supported browsers and optimal screen resolution settings.

TEST



The Montana Office of Public Instruction, Denise Juneau, Superintendent - P.O. Box 202501 Helena, Montana 59620-2501



OPI Home

Sign Out

1 Instruction

You have been granted access to the forms below by your Security Administrator

Administrative

OPI Reports

Competitive Grant

21st Century

21st Century-Continuing

Discretionary Grant

Title 1-C Migrant Consolidated

Title I Part C - Regular Term

Title I Part C - Summer Term

Formula Grant

Carl Perkins - Secondary

ESEA/NCLB Consolidated

ESEA/NCLB Consolidated - ARRA

Gifted & Talented State Grant

IDEA Consolidated

IDEA Consolidated - ARRA

Title I School Improvement

Planning

Planning Tool



OPI Home

Click to Return to Menu List / Sign Out

nm - 21st Century Continuing Application	
Organization Search Results	
Name	Legal Entity
	0488
	0487
Select 2	
enise Juneau, Superintendent - P.O. Box 202503 Foll-Free 1-888-231-9393, Local (406) 444-3095	na, Montana 59620-2501



OPI Home

Click to Return to Organization Select Click to Return to Menu List / Sign Out

Applicant Name: Helena Elem

Legal Entity: 0487

Application Select - 21st Century Continuing Application

Year: 2011 Create Application

Select an application from the list(s) below and press one of the following buttons:

Print All

This Organization has not created any Applications

TEST user ID: bmessinger

The Montana Office of Public Instruction, Denise Juneau, Superintendent - P.O. Box 202501 Helena, Montana 59620-2501

In State Toll-Free 1.888-231-9393, Local (406) 444-3095

Contact Us



OPI Home

Click to Return to Organization Select Click to Return to Menu List / Sign Out

Applicant Name: Brockton Elem Legal Entity: 0782 Application Select - 21st Century New Application Instruction This Program Allows you to have multiple projects. Would you like to create a new project for the current year? Click to Keturn to Organization Select Click to Return to Menu List / Sign Out

Applicant Name: Brockton Elem Legal Entity: 0782

Application Select - 21st Century New Application

Instruction

This Program Allows you to have multiple projects. Would you like to create a new project for the current year?



2011 ~

New Project Title:

Create New Project



Overview

E-Grants System

OPI Home

Applicant Name: Brockton Elem Legal Entity: 0782 Title IV B - 21st Century V

Printer-Friendly Click to Return to Application Select Click to Return to Menu List / Sign Out

Application: 2010-201 Original Application-A0

Application

Contact Information

Budget

Common and Program

Submit

Page_Lock

21st Century Community Learning Center Overview

Programs: 21st Century Community Learning Center

Purpose: A 21st Century CCLC program will:

- provide opportunities for academic enrichment, including tutorial services to help students, particularly those who attend lowperforming schools, to meet state and local student performance standards in the core academic areas of reading and math;
- offer students a broad array of additional services, programs, and activities, such as youth development activities, drug and violence prevention programs, counseling programs, art, music and recreation programs, technology education programs, and character education programs that are designed to reinforce and complement the regular academic program of participating students; and
- offer families of students who are served by community learning centers the opportunities for literacy and related educational development.

Eliaible

Eligible applicants may be local education agencies, community-based organizations, including faith-based organizations, institutions of Applicants higher education, city or county government agencies, for profit corporations and other public or private entities. A community-based organization is defined as a public or private for-profit or nonprofit organization that is representative of the community and has demonstrated experience or promise of success in providing educational and related activities that will complement and enhance the academic performance, achievement and positive youth development of students. While all organizations are eligible to apply, they MUST be partnered with an eligible school to be considered for funding.

> Federal regulations require that programs must primarily serve students who attend schools that serve a high percentage of students from low-income families.

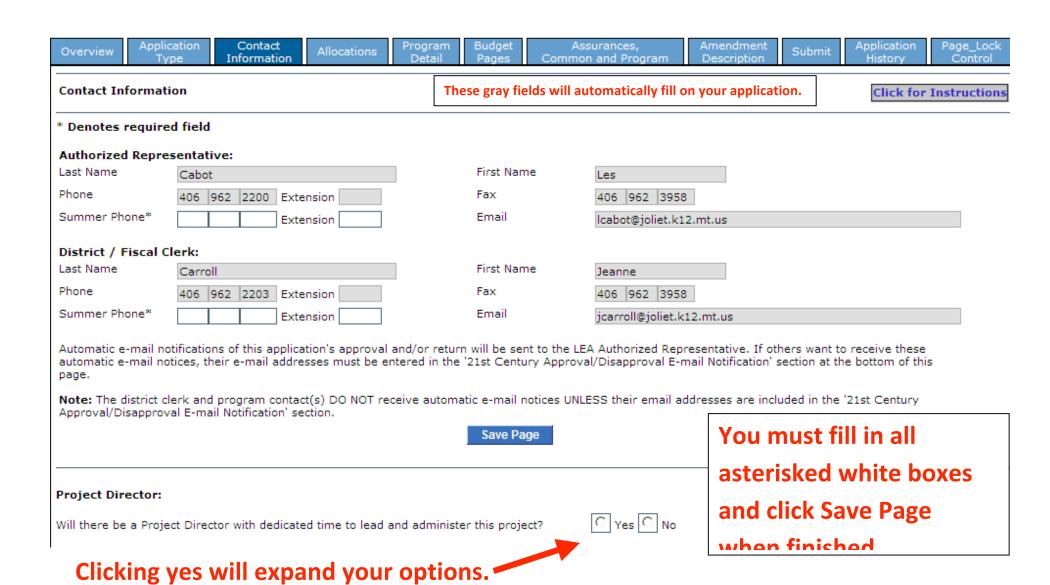
Applicant Name: Brockton Elem

Legal Entity: 0782

Title IV B - 21st Century Printer-Friendly
Click to Return to Application Select
Click to Return to Menu List / Sign Out

Application: 2010-2011 Original Application-A0

Application Contact Budget Assurances, Amendment Application Page Lock Program Type Information Common and Program Description Control Application Type Click for Instructions Are you a current 21st CCLC grantee? C Yes C No Save Page Application Contact Program Budget Amendment Application Page_Lock Overview Common and Program Control Type Information Pages History Application Type Click for Instructions Are you a current 21st CCLC grantee? Tes No Click here you are a fifth year 21st CCLC applying for up to 60% of your current grant amount and not less than a minimum of \$50,000. Kere if you are submitting a new application for 21st CCLC Funding. For the purpose of this competition, NEW is defined as a currently funded 21st CCLC program adding a new target population, serving a new center, and addressing the specific needs of that solutation. Save Page



Project Director:			
Will there be a Project Director	with dedicated time to lead and administer this pro	ject?	○ No
Project director will be:	C Full time Part time		
Project Director is the:	Authorized Representative above District / Fiscal Clerk above Other - Provide details below		
Other contact:			
Last Name*	Jane	First Name*	Doe
Position/Title*	Project Director		
Phone*	406 623 5984 Extension	Fax*	406 623 6547
Summer Phone*	406 623 5447 Extension	Email address*	janedoe@home.com
E-mails notifying applicants of		l be sent to each e-m	nail address entered below (limit five). It is not necessary to
enter the e-mail address for th	ne Authorized Representative.		
janedoe@home.com			
Add Additional Email Ad	drana		Note: Only the AR receives automatic
Add Additional Email Ad	uless		notification. In order for others to
	S	ave Page	
	_		receive notification, you must enter
			their email address here.

Total Available for Budgeting

TitleIVB

50

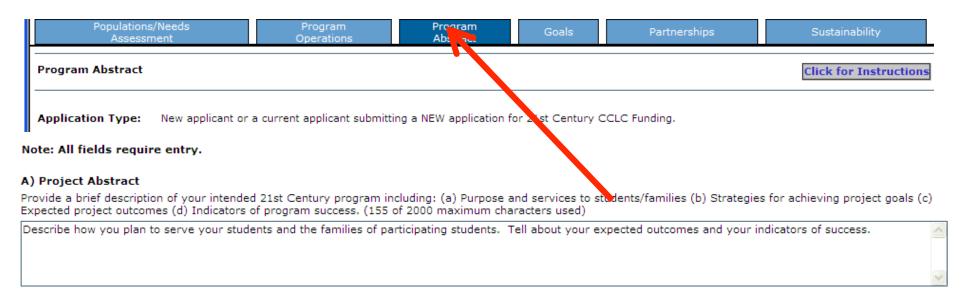
Overview	udget Assurar ages Common and		Submit Application History	Page_Lock Control	
	Program Go Abstract	als Partnerships	Sustaii	nability	
Populations/Needs Assessment Gray boxes will tab	ulate when the	Save button is clic	cked.	r Instructions	
1.) Populations to be served					
Name of Each School that will participate	% of Free/Reduced meals students	Title I Designation	Total Number of Enrolled Students		
Brockton Elementary	59	Yes C No	132		
Btockton MS	45	Yes C No	59		
		Total	191		
Add Addition 2) Needs Assessment					
Percentage of participating students who are below proficient in Reading/Language Arts	Percentage of part Math	icipating students who are belo	ow proficient in 45]	
Number of anticipated/existing students to be/being served in afterschool program. (Annual)	Number of anticipated/existing regular (students attending 30+ 35 days) students to be/being served in afterschool program. (Annual)				
Percentage of Students 52.4	Percentage of Stud	dents 18.3			
	Save Page				

A) Program Operations

Describe how your program day will be set up with regards to student population (grade levels), highly qualified staffing, a variety of engaging activities, number of students served, facilities, transportation and optimizing the use of time students spend out of school. (1178 of 2000 maximum characters used)

Provide a description of the before and after and/or summer activities to be funded along with assurances that the program will take place in a safe and easily accessible facility. Include a description of how participating students will travel safely to and from the center and home. How will this program disseminate information about the center(s) to the community? How are the activities expected to improve student academic achievement? Identify the federal, state and local programs that will be combined or coordinated with this proposed program. Include an assurance that this proposed program will be done in collaboration with the schools the students attend. How do you intend to target the students who attend schools eligible for school wide programs and their families? Demonstrate that the

Save Page



Timeline

What is your program implementation timeline for the fiscal year? (186 of 2000 maximum characters used)

Explain when you will begin planning your program, when hiring begins, and when the program will begin. When will you notify those in the community that you have an afterschool program?

Professional Development

What is your professional development plan for all individuals connected to this program? (573 of 2000 maximum characters used)

There will be two required meetings. A statewide conference will be held in Helena in August. This will be where new grantees will receive technical assistance for beginning a new program. There will also be a required regional meeting in the spring. Program personnel are encouraged to participate in professional development offered by the school. There will be regional meetings that will provide staff development opportunities. Each program should also provide its own professional development for their staff. This could include program planning, webinars, etc.

Program Evaluation

Define how you intend to evaluate/have evaluated your progress in achieving your goals and objectives? Use resources that document crime statistics, drop-out rates, teen-age pregnancies, academic achievement, behavior/discipline, health/nutrition, and any other data that would document your progress in achieving your goals and objectives. (509 of 2000 maximum characters used)

Creating Change, a statewide database, will be part of your evaluation. Some of the data collected will include grade level, ethnicityattendance data, test data and teacher survey data for the students in your program. The data collected in this database is then used to report to the Federal government. There are other types of evaluation that you should use such as dropout rates, graduation rates, and juvenile crime rates. Surveys of students, teachers, and parents are other valuable



Goal I	Goal II	Goal III	Goal IV	Goal V
Goal I				Click for Instructions
Goal, Strategies and Action S List your goal, specify strategies	iteps and action steps. They are limited to	three strategies per goal.		
Goal (0 of 80 maximum chara	acters used)			
Strategy (0 of 300 maximum	characters used)			
				^
				<u>*</u>
Action Step 1 (0 of 50	00 maximum characters used)			^
				V
Action Step 2 (0 of 50	00 maximum characters used)			
				^
				v
Action Step 3 (0 of 50	0 maximum characters used)			
				^
l		Add Strategy		

Overview Application		Allocations	Program Detail	Budget Pages	Assurance Common and P		Amendment Description	Submit	Application History	Page_Lock Control
Populations Assessn		Program Operations	;	Program Abstract	Goals	S	Partnerships		Sustaina	bility
Partner Agency/Or	ganization								Click for	Instructions
Partnerships										
Identification of Pa of your partner agenc maximum characters	ies/organizations. It	Partnership Cor is realized that so	mmitment/ ome location	/Involvements may lack a	ent:Ip icate the dear mable partners	egree and na hips and this	ature of program situation shoul	m involve d be valid	ment and respons dated here. (184 o	sibility of each of 2000
Explain what elements your partners will add to your program. Show that you have looked within your community and county for partnerships to assist you with your afterschool endeavor.										
Partner Name				Contact Na	ame/Phone	Туре	of Organization	n Se	ervices	
County Extension Age	ent		John	Montana		Other unit	of City County	∨	Volunteer Staffing	~
			406	6 623 5647	7 Ext.					
				Add Addit	ional Entries					
				Save	e Page					



Applicant Name: Brockton Elem Legal Entity: 0782

Application: 2010-2011 Original Application-A0

Title IV B - 21st Century Printer-Friendly
Click to Return to Application Selec

Click for Instructions

Click to Return to Menu List / Sign Ou



Sustainability

Application Type:

New applicant or a current applicant submitting a NEW application for 21st Century CCLC Funding

A) How will your initiative sustain itself when funding is reduced or ended? (221 of 2000 maximum characters used)

This is where you let the reviewers know that you are looking towards the future with reduced funding. What will you make sure is in place to help keep your afterschool programs going when some of your funding goes away?

Save Page

Budget Detail BUDGET BREAKDOWN (Use will dollars only. Omit Decimal Places, e.g., \$2536)

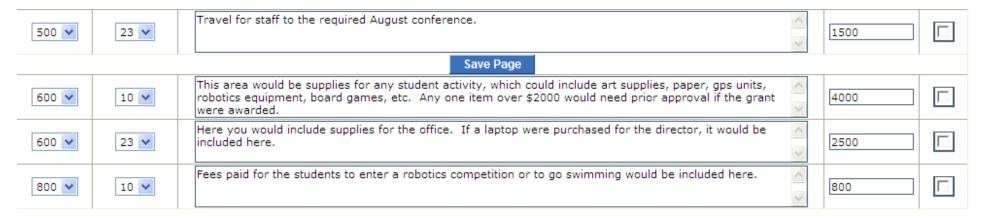
Click for Instruction

Itemize and explain each expenditure amount that appears on the odget Summary. Click on the "Create Additional Entries" button to enter additional information.

Description of Purpose Categories and Object Codes

Be very specific with your Expenditure Descriptions!

			•	
Object Code	Purpose Category	Expenditure Description and Itemization		Delete Row
100 🗸	10 🗸	Salaries for teachers, paraprofessionals, and others who work directly with students. Hourly rate, estimated hours and days of employment.	25000	
100 🗸	23 🗸	Administrative salaries, such as program directors. Again hourly, monthly, or contracted salary. Hours, days, and/or months expected to work.	8000	
100 🗸	33 🗸	This would reflect a salary for someone who is providing parent literacy or community service to students.	1000	
200 🗸	10 🗸	Every salary category must have a benefit category for Workman's comp, F.I.C.A, insurance, etc.	2000	
200 🗸	23 🗸	Director and other adminstration benefits	3000	
200 🗸	33 🗸	Benefits for the community personnel.	200	
300 🗸	23 🗸	Every grant must have a contract for Creating Change, Inc. This is the vendor that does Montana's 21st Century data collection. The amount is \$1200.	1200	
400 🗸	10 🗸	This might represent utility charges, repair, etc.	1500	
500 🕶	10 🗸	This area would reflect student travel for field trips	3000	



Create Additional Entries

Determining Maximum Indirect Cost allowed

- (A) Total Allocation Available for Budgeting
- (B) Budgeted Property and Equipment Cost (Object 700)
- (C) Allowable Direct Costs (A-B)
- (D) Indirect Cost Rate %
- (E) Maximum Indirect Cost (C*(D/1+D))



(F) Total budgeted above \$53,700

(G) Budgeted Indirect Cost

(H) Total Budget (F+G) \$53,700

Allocation Remaining (A-H)

-\$53,700

Calculate Totals

Save Page



Calculate totals frequently. Do NOT click the save button until the total is at least \$50,000.

Applicant Name: Brockton Elem

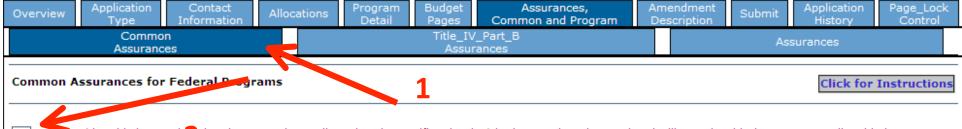
Application: 2010-2011 Original Application-A0

This page will automatically fill when your budget is completed.

Title IV B - 21st Century Printer-Friendly
Click to Return to Application Select
Click to Return to Menu List / Sign Out

Overview	Application Type	Contact Information	Allocations	Program Detail	Budg Page	t Assurances, Common and Program	Amendment Description	Submit	Application History	Page_Lock Control
Budget Detail Summary										
Budget (Rea	id Only)								Click	for Instructions

Code	Purpose Category	100 Personal Service- Salaries	200 Employee Benefits	300 Purchased Professional and Technical	400 Purchased Property Services	500 Other Purchased Services	600 Supplies	800 Other Objects	TOTAL
10	Instruction	25,000	2,000		1,500	3,000	4,000	800	36,300 67.60 %
20	Support Services								
21	Parental/Family Involvement								
22	Professional Development								
23	Administration	8,000	3,000	1,200		1,500	2,500		16,200 30.17 %
27	Pupil Transportation								
33	School and Community Support	1,000	200						1,200 2.23 %
40	Facilities								
Total Di	rect Costs	34,000 63.31 %	5,200 9.68 %	1,200 2.23 %	1,500 2.79 %	4,500 8.38 %	6,500 12.10 %	800 1.49 %	53,700 100.00 %
Approve	ed Indirect Cost X 0%								
Total Budget									53,700





By checking this box and so ving the page, the applicant hereby certifies that he/she has read, understood and will comply with the assurances listed below, as applicable to the program of for which funding is requested.

Assurances

Each legal entity, district, cooperative or agency that participates in one or more of the programs listed below MUST complete and return this form to the Office of Public Instruction (OPI) prior to the award of funds for any U.S. Department of Education administered program.

Submission of this form is not an application for funds and does not obligate the applicant or OPI for the programs. The following pages consolidate common assurances required by federal law that apply to the federal programs listed below. Additional specific program assurances may be included in the application or program plan for that individual program.

Common Assurances

b. if funds other than federally appropriated funds have been or will be paid to any person for influencing or attempting to influence any of the parties named above, Standard Form LLL, "Disclosure Form to Report Lobbying" will be completed and submitted in accordance with its instructions and returned to OPI.

c. the language of this section will be included in any subcontracts entered into for funds received under programs covered by this common assurance form, and ensure that all subcontractors certify and disclose accordingly (see statutory detail 34 CFR Section 82).

Common Assurances agreed to on:

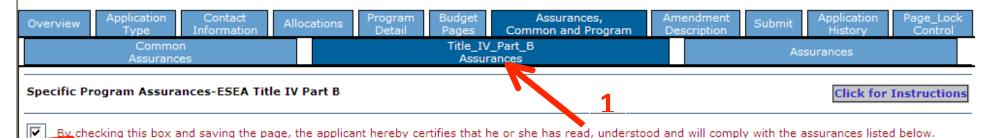




Applicant Name: Brockton Elem Legal Entity: 0782

Application: 2010-2011 Original Application-A0

Title IV B - 21st Century
Printer-Friendly
Click to Return to Application Selec
Click to Return to Menu List / Sign Ou



- 1. That the program will take place in a safe and easily accessible facility [Pub. L. No. 107-110 Section 4204(b)(2)(A), 115 Stat. 1770].
- 2. That the program was developed and will be carried out in active collaboration with the schools the students attend [Pub. L. No. 107-110 Section 4204(b)(2)(D), 115 Stat. 1770].
- 3. That the program complies with the Principles of Effectiveness and fosters a safe and drug-free learning environment [Pub. L. No. 107-110 Section 4204(b)(2)(E), 115 Stat. 1770].
- 4. That the program will primarily target students who attend schools eligible for schoolwide programs under Pub. L. No. 107-110 Section 1114, 115 Stat. 1471 and the families of such students [Pub. L. No. 107-110 Section 4204(b)(2)(F), 115 Stat. 1770].
- 5. That the funds will be used to supplement and not supplant other non-federal funds that would be otherwise available [Pub. L. No. 107-110 Section 4203(a)(9), 115 Stat. 1768].





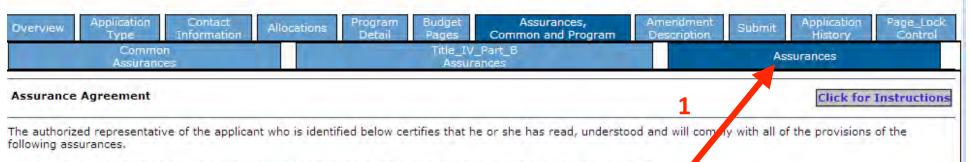
OPI Home

Applicant Name: Brockton Elem Legal Entity: 0782

Application: 2010-2011 Original Application-A0

Title IV B - 21st Century

Printer-Friendly
Click to Return to Application Select
Click to Return to Menu List / Sign Out



NOTE: These checkboxes will be automatically filled in as each of the separate assurances are read and completed.

Common Assurances
21st Century Assurances

These boxes will have automatic checks, if you have done the other two assurance pages correctly.

Legal Entity Agrees



OPI Home

Applicant Name: Helena Elem

Application: 2010-2011 Original Application

Legal Entity: 0487

Title IV B - 21st Century Continuing Printer-Friendly
Click to Return to Application Select
Click to Return to Menu List / Sign Out

Overview Contact Allocations Program Budget Assurances, Amendment Submit Application Page_Lock
Information Detail Pages Common and Program Description Submit History Control

Submit

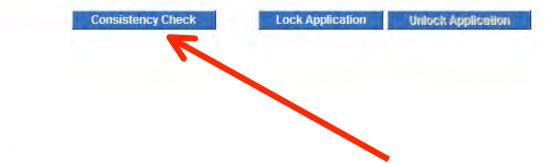
Assurances LEA Data Entry LEA Auth Rep

Grant Admin - Final Review

Click for Instructions

The Consistency Check must be successfully processed before the application can be submitted to the OPI.

The Authorized Representative must review and approve Assurances before submitting the application to the OPI.



Once the Consistency Check is complete, you will see a Submit button. When you submit it will go to your Authorized Representative (AR). The AR must submit the application to OPI.

	Overview	Application Type	Contact Information	Allocations	Program Detail	Budget Pages	Assurances, Common and Program	Amendment Description	Submit	Application History	Page_Lock Control
--	----------	---------------------	------------------------	-------------	-------------------	-----------------	-----------------------------------	--------------------------	--------	------------------------	----------------------

Submit Click for Instructions

Click Submit to OPI button to make final submission of the application for OPI review and approval.

Terry Falcon ran the consistency check process which locked the application on 3/24/2010 at 11:31 AM.

Lock Application

Unlock Application

Assurances 3/24/2010

Consistency Check was run on: 3/24/2010

LEA Data Entry LEA Auth Rep

Grant Admin - Assign Readers

Grant Admin - Final Review

Submit to OPI

Message received after running the Consistency Check. Now click the Submit to OPI button.

TEST user ID: tfalcon



Submit Click for Instructions

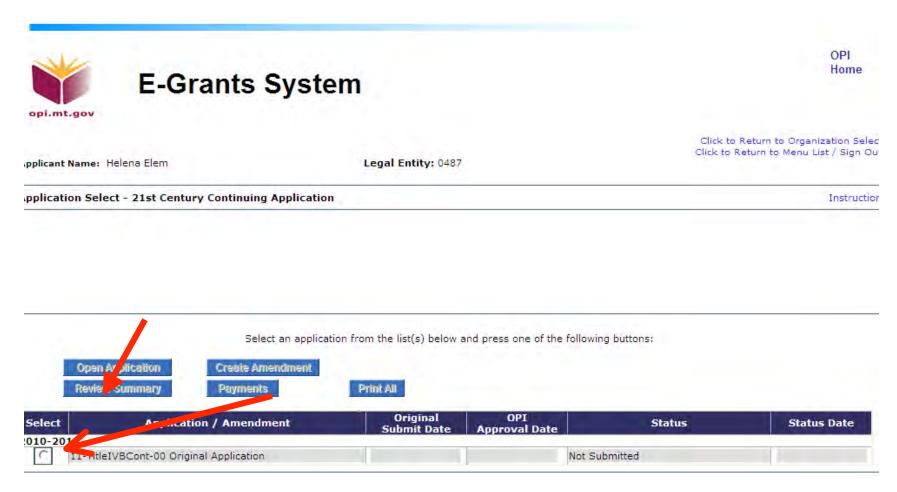
Congratulations!

The application has been submitted to the OPI for review.

Consist	ency Check Lock Application	Unlock Application
Assurances	2/2	4/2010
Assurances	5/2	4/2010
Consistency Check was run on:	3/2	4/2010
LEA Data Entry		
LEA Auth Rep submitted the application to OPI on:	3/2·	4/2010
Grant Admin - Assign Readers		
Grant Admin - Final Review		

You must receive this message by April 30, 2010 in order to have your grant considered in the 2010-2011 competition. Should you encounter any difficulties, please call or email Sandi Smith 406-444-3519 or sandismith@mt.gov

You may save your application at any time and re-enter e-grants to complete the application. When you re-enter you will see this page. Click the radio button in front of your application, and then click **Open Application**.



The page has not been saved due to the following errors:

Error notification will be at the top

- Authorized Representative Summer Phone Area Code is a required field.
- District Clerk Summer Phone Area Code is a required field.

of	the	page	in red.	
•	••••	L-0-		

Overview Contact Allocations Program Budget Detail Pages					
Contact Information	Click for Instructions				
* Denotes required field					
Authorized Representative:					
Last Name	First Name				
Phone Extension	Fax				
Summer Phone* Extension	Email				
District / Fiscal Clerk:					
Last Name	First Name				
Phone Extension	Fax				
Summer Phone* Extension	Email				
Automatic e-mail notifications of this application's approval and/or return will be sent to the LEA Authorized Representative. If others want to receive these automatic e-mail notices, their e-mail addresses must be entered in the '21st Century Approval/Disapproval E-mail Notification' section at the bottom of this page. Note: The district clerk and program contact(s) DO NOT receive automatic e-mail notices UNLESS their email addresses are included in the '21st Century Approval/Disapproval E-mail Notification' section.					
Approva, Disapproval E mail Notification Section.	Save Page				